

VIRGINIA

School for the Deaf, Blind
and Multi-Disabled at
Hampton

CLOTHING CHECKLIST

Student's Name:

Dorm Checks:
(Counselor, please sign & date)

Sunday:

Thursday:

Spot Check:

(Counselor: please note discrepancies and parent clothing contacts on the reverse of this copy.)

ITEM	DESCRIPTION	LABELED	# PARENT SENT TO DORM	# DORM RECEIVED	# DORM SENT TO PARENT	# PARENT RECEIVED
	DATE:	✓				
Suitcase						
Laundry Bags						
Shirts/Blouse						
Pants/Shorts						
Shoes						
Socks						
Underwear						
Undershirts/Bras						
Towels						
Wash Cloths						
Swimwear						
Hat						
Coat						
Gloves						
Robe						
Sleepwear						
Hearing Aids						
Glasses						
Toiletries						
Shampoo						
Conditioner						
Deodorant						
Comb/Brush						
Toothbrush						
Toothbrush Holder						
Toothpaste						
Soap						
Lotion						
Other Items:						

* Dorm file copy